

AUTO CR - LOG SUMMARY #1054251

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officers responded to a report of a man with an AK-47 rifle. When the involved officers arrived on the scene, they observed a subject with the rifle. During the incident, involved officer Martinez discharged his weapon with no apparent hits. One subject fled the scene. Another subject, [REDACTED] was taken into custody and is at Area South Detective Division. The rifle and a 9mm pistol were recovered. REFERENCE: U#12-16, Log#1054291	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BUIS JR, DONALD A		[REDACTED]	620 /	PO AS DETECTIVE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
24-MAY-2012 10:02 - 24-MAY-2012 10:02	[REDACTED]	0633	006	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	MARTINEZ, JAIR	17046	[REDACTED]	006 /	POLICE OFFICER	M	S		
CPD Employee	Involved Member	HICKS, ERROL A	17902	[REDACTED]	006 /	POLICE OFFICER	M	BLK		
NON-CPD	Victim/Subject	[REDACTED]					M	BLK	[REDACTED]	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20A - GROUP 20 - NOTIFICATIONS SHOTS FIRED - NO HITS	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	03-DEC-2012 03:25	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	03-DEC-2012 03:24	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	05-JUL-2012 11:51	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	05-JUL-2012 11:50	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	05-JUL-2012 11:50	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	05-JUL-2012 11:47	DEAN, BRUCE	SUPERVISING INV COPA	113 /	edit
PENDING SUPERVISOR REVIEW	05-JUL-2012 10:29	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	24-MAY-2012 01:25	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					LUKAS, JAMES	24-MAY-2012 01:25			
	DOCUMENTS - INTAKE INCIDENT		3	Officer Errol Hicks, #17902, 6th Dist.	N	LUKAS, JAMES	25-MAY-2012 12:13	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	RD# [REDACTED] (Agg. Asslt. to PO; Other Firearm)	N	LUKAS, JAMES	25-MAY-2012 12:09	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		11	Reports from IAD REF: breathalyzer and urine test documents, IAD Syntoptic Report for Officer Martinez, #17046.	N	LUKAS, JAMES	05-JUL-2012 10:19	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	Officer Jair Martinez, #17046, 6th Dist. (fired twice)	N	LUKAS, JAMES	25-MAY-2012 12:11	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 24-MAY-2012) - LOG #1054251

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BUIS JR, DONALD A			620 /	PO AS DETECTIVE M		WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
24-MAY-2012 10:02 - 24-MAY-2012 10:02		0633	006	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20A - GROUP 20 - NOTIFICATIONS SHOTS FIRED - NO HITS	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	24-MAY-2012 13:25	LUKAS, JAMES	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	03-DEC-2012 03:25	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	03-DEC-2012 03:24	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	05-JUL-2012 11:51	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	05-JUL-2012 11:50	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	05-JUL-2012 11:50	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	05-JUL-2012 11:47	DEAN, BRUCE	SUPERVISING INV COPA	113 /	edit
PENDING SUPERVISOR REVIEW	05-JUL-2012 10:29	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	24-MAY-2012 01:25	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11 388(6/03)-C

RD # [REDACTED]
Case ID [REDACTED]
EVENT #: [REDACTED]

INCIDENT	APPROVAL COMPLETE		
	IUCR: 0551 - Assault - Aggravated Po Other Firearm		
	Occurrence Location: [REDACTED] 330 - Other	Beat: 0633	Unit Assigned: 0613 RO Arrival Date: 24 May 2012 10:10
	Occurrence Date: 24 May 2012 10:04	Gang Related Incident # Offenders: 2	

NON-OFFENDER(S)	VICTIM - Individual	
	Name: [REDACTED] Res: [REDACTED] Beat: 0621 Empl: CHICAGO POLICE DEPT [REDACTED] Beat: 0621 Police Officer - Chicago Sobriety: Sober CPD Officer: No	Demographics Male Black Age: 31 Years

NON-OFFENDER(S)	VICTIM - Individual	
	Name: [REDACTED] Res: [REDACTED] Beat: 0621 Empl: CHICAGO POLICE DEPT [REDACTED] Beat: 0621 Police Officer - Chicago Sobriety: Sober CPD Officer: No	Demographics Male White Hispanic Age: 35 Years

INJURY(S)	Injury Info [REDACTED] - Victim)	
	Contact Person: [REDACTED]	
	Injury Info [REDACTED] - Victim)	
	Contact Person: [REDACTED]	

RD # [REDACTED]



Suspect # 1		In Custody	
Name: [REDACTED]	Res: [REDACTED]	Beat: 3100	Demographics
		Male Black 5'08, 145 lbs , Brown Eyes Black Hair Short Hair Style Medium Complexion	DOB: [REDACTED] Age: 19 years Birth Place: Illinois Suspected of Using: Weapon
		Scar Marks Descr: [REDACTED]	
Suspect # 2			
Name: UNK		Demographics	
		Male Black 5'08, 180 lbs , Black Hair Short Hair Style Medium Complexion	Age: 21 years - 23 years
		Descriptions	
		Clothing Description: Bottom - Blue Jeans Jeans; Hat - Yellow And Blue Baseball Cap; Bottom - Blue Jeans Jeans; Hat - Yellow And Blue Baseball Cap	

RELATIONSHIP			
[REDACTED]	(Victim)	is a No Relationship of	[REDACTED] (Offender)
[REDACTED]	(Victim)	is a No Relationship of	UNK (Offender)
[REDACTED]	(Victim)	is a No Relationship of	[REDACTED] (Offender)
[REDACTED]	(Victim)	is a No Relationship of	UNK (Offender)

GANG INFO	
Incident Related Info	
Apparent Gang Retaliation Motivation: Affiliation: Targeted	Targeted Gang Name: [REDACTED]
[REDACTED] (Suspect)	
Affiliation: MEMBER	Gang Identifications: Tattoo
Gang Name: [REDACTED]	Admission



FIREARMS

Firearm #1		Possessor/User: [REDACTED]	
Type: Assault Rifle			
Make: Other-See Narrative		Model: Sa/Cugir	Serial #: [REDACTED]
Feature: Black		Caliber/Gauge: 762 caliber	
Displayed? Yes	Used? No	Recovered? Yes	
Taken/Stolen? No		Duty Related? No	Evidence?
Owner Known? Yes	Owner: [REDACTED]		
		Magazine Capacity: 30	
		Registered Status: Clear	
		Inventory #: [REDACTED]	
		# Live Rounds: 29	# Spent Cartridges: 0
Firearm #2		Possessor/User: [REDACTED]	
Type: Semi-Automatic Pistol			
Make: Springfield Firearms--Us--(Springfield, Ma)		Model: Xp9	
Feature: Black		Caliber/Gauge: 9 caliber	Barrel Length: 3
Displayed? Yes	Used? No	Recovered? Yes	
Taken/Stolen? No		Duty Related? No	Evidence?
Owner Known? Yes	Owner: [REDACTED]		
		Magazine Capacity: 13	
		Registered Status: Clear	
		Inventory #: [REDACTED]	
		# Live Rounds: 13	# Spent Cartridges: 0

NOTIFICATIONS

Request Type	Unit	Agency Name	Date	Star #	Name
Notification	620	Detective Area - South	25 May 10:05	947	BURKE,Michael
Other Notifications May Be In Narrative.					
On Scene	620	Detective Area - South	24 May 10:15	20186	BUIE,Greg
On Scene	620	Detective Area - South	24 May 10:15	20958	JACKSON,Donovan
On Scene	177	Forensic Services Division	24 May 11:00	17629	NIENBACK,
On Scene	177	Forensic Services Division	24 May 11:00	9601	HUELS,



NARRATIVES

EVENT# [REDACTED] FOR NARRATIVE AND INVESTIGATIVE DETAILS, REFER TO THE DETECTIVE DIVISION SUPPLEMENTARY REPORT FILED UNDER THIS RECORDS DIVISION(RD) NUMBER. STAR#19013 FENTON TIMOTHY BEAT 613

- STAR#: 9106 NAME: FREDERICK ANTHONY BEAT: 0606E
- STAR#: 17543 NAME: LANELL AUBERT BEAT: 0606E
- STAR#: 8158 NAME: ELISE PADILLA BEAT: 0606D
- STAR#: 16960 NAME: VICENTE PAREDES BEAT: 0606D
- STAR#: 10924 NAME: JOSEPH BENNETT BEAT: 0675S

TRANSPORT OFFICER - STAR#: 19013 NAME: TIMOTHY FENTON BEAT: 0613

- STAR#: 1856 NAME: RAHMAN MUHAMMAD BEAT: 0606

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	19013	# [REDACTED]	FENTON, Timothy, S	[REDACTED]	24 May 2012 14:07	006	0613

IUCR ASSOCS.

Victim	IUCR	Crime	Offender
[REDACTED]	0551	Assault - Aggravated Po: Other Firearm	[REDACTED]
[REDACTED]	0551	Assault - Aggravated Po: Other Firearm	[REDACTED]
[REDACTED]	0551	Assault - Aggravated Po: Other Firearm	UNK
[REDACTED]	0551	Assault - Aggravated Po: Other Firearm	UNK



TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 24-MAY-2012		TIME 10:10:00		2 ADDRESS OF OCCURRENCE [REDACTED]			3 LOCATION CODE 304		4 BEAT/OCCUR 0633																																														
	5 POSITION 9161		6 LAST NAME [REDACTED]		7 FIRST NAME JAIR		8 STAR NO. 17046		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE S		11 AGE [REDACTED]		12 HT 507		13 WT. 145																																							
	14 DATE OF APPT. 25-OCT-2004		15 EMPLOYEE NO. [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 006 0606H		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																													
	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B. [REDACTED]		26 HT 508		27 WT 145																																									
SUBJECT INFORMATION	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED/FIREARM - RIFLE <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																															
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34 BY WHOM? [REDACTED]		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		36 CHARGES PLACED [REDACTED]		37 CB NO [REDACTED]		IR NO. [REDACTED]		DNA <input type="checkbox"/>																																											
	***** PLEASE SEE NEXT PAGE *****																																																							
REASON FOR USE OF FORCE (Check all that apply)	38 DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE																																													
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		OTHER <input type="checkbox"/>		FLED <input checked="" type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		OTHER <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>		OTHER POINTED FIREARM IN R/O'S DIRECTION <input type="checkbox"/>																													
	MEMBER PRESENCE <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>		ARMBAR <input type="checkbox"/>		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		OTHER <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		KICKS <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		OTHER <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>	
WEAPON DISCHARGE INCIDENT	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]																		40. ADDITIONAL INFORMATION OFFENDER POINTED FIREARM IN R/O'S DIRECTION, R/O FIRED TWO SHOTS AT OFFENDER.																																					
	POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]																																																			
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Night <input type="checkbox"/> 02 Dawn <input type="checkbox"/> 03 Poor Artificial <input checked="" type="checkbox"/> 04 Daylight <input type="checkbox"/> 05 Dusk <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR																																																	
	45 MAKE/MANUFACTURER SMITH & WESSON - US (BODYGUARD, CHIEF SPECIAL)		46 MODEL 5943		47 BARREL LENGTH 4		48 CALIBER/GAUGE 9 MM																																																	
49 TASER DART ID NO [REDACTED]		50 WEAPON SERIAL NO (Include Letters) [REDACTED]		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO. [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]																																																
54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED Department Issued		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO. OF SHOTS MEMBER FIRED 2																																																
59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61 NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		62 HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63 DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																
63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		66 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input checked="" type="checkbox"/> 04 OVER 15 FT.		67 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN																																																								
CASE INFO.	72 NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																							
	73 REPORTING MEMBER (Print Name) MARTINEZ, JAIR																																																							
	STAR/EMPLOYEE NO 17046		SIGNATURE [REDACTED]																																																					
	74 REVIEWING SUPERVISOR (Print Name) MUHAMMAD, RAHMAN S																																																							
SIGNATURES	STAR NO 1856		DATE REVIEWED 24-MAY-2012 18:37:11																																																					
	TIME [REDACTED]																																																							

SUBJECT
INFORMATION

36 CHARGES PLACED

720 ILCS 5.0/12-2-A-6, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/24-1.1-A, 720 ILCS
5.0/12-2-A-6, 720 ILCS 5.0/12-2-A-6, 720 ILCS 5.0/12-2-A-6

☐ DNA

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON. 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON. 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject was being interviewed by Area South Detectives relative to this investigation.

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

LOG # 1054251 The offender pointed a firearm in the direction of Officer Martinez and his partner Officer Martinez, in fear for his life and that of his partner, discharged two rounds at the offender. Based upon all information known to me at this time, I have concluded that Officer Martinez's actions were in compliance with Department procedures and directives

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

GULLIFORD, WAYNE M

SIGNATURE

DATE COMPLETED TIME

24-MAY-2012 18:48:47

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No.

2

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 24-MAY-2012		TIME 10:10:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 304		4 BEAT/OCCUR 0633		
MEMBER INVOLVED	5 POSITION 9161	6 LAST NAME HICKS	7 FIRST NAME ERROL A		8 STAR NO 17902	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE BLK	11 AGE [REDACTED]	12 HT 505	13 WT 174		
	14 DATE OF APPT 29-AUG-2005		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 006 0606H		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
SUBJECT INFORMATION	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE BLK	25 D O B [REDACTED]	26 HT 508	27 WT 145		
	28 ADDRESS [REDACTED]		29 TELEPHONE NO. [REDACTED]		30 WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
REASON FOR USE OF FORCE (Check all that apply)	33 WHERE WAS MEDICAL TREATMENT OBTAINED?		34 BY WHOM?		35 CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36 CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****					
	37 CB NO [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>		DNA <input type="checkbox"/>					
SUBJECTS ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____			
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAU THORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____			
	39 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40 ADDITIONAL INFORMATION SUBJECT TURNED IN RO'S DIRECTION AND POINTED A LARGE RIFLE STYLE OF FIREARM AT RO									
WEAPON DISCHARGE INCIDENT	POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]		41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44 WEATHER CONDITIONS CLEAR
	45 MAKE/MANUFACTURER [REDACTED]		46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		48 CALIBER/GAUGE [REDACTED]		49 TASER DART ID NO [REDACTED]		50 WEAPON SERIAL No (Include Letters) [REDACTED]	
CASE INFO.	51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID, NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]		54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]	
	57 NO OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]		59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
SIGNATURES	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
	69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70 EVENT NO [REDACTED]		71 RD NO [REDACTED]		72 NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73 REPORTING MEMBER (Print Name) HICKS, ERROL A		STAR/EMPLOYEE NO 17902	
SIGNATURES	74 REVIEWING SUPERVISOR (Print Name) MUHAMMAD, RAHMAN S		STAR NO 1856		SIGNATURE [REDACTED]		DATE REVIEWED 24-MAY-2012 18:39:14		TIME 24-MAY-2012 18:39:14		75 SIGNATURE [REDACTED]	

SUBJECT
INFORMATION

36. CHARGES PLACED

☐ DNA

720 ILCS 5.0/12-2-A-6, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/24-1.1-A, 720 ILCS
5.0/12-2-A-6, 720 ILCS 5.0/12-2-A-6, 720 ILCS 5.0/12-2-A-6

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject interviewed by Area South Detectives relative to this investigation

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

LOG # 1054251 Officer Hicks was the victim of an aggravated assault. Officer Hicks did not use force during this incident.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

GULLIFORD, WAYNE M

SIGNATURE

DATE COMPLETED

TIME

24-MAY-2012 18:44:05

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No

2

INVESTIGATIONS DIVISION
General Investigations Section

24 May 2012
Log #1054251

TO: Juan RIVERA – Bureau Chief
Bureau of Internal Affairs

ATTN: Robert KLIMAS – Commander
Investigations Division

ATTN: Lieutenant Susan CLARK Star #320
Administrative Section
Investigations Division

FROM: Sergeant Michael P. MURPHY Star #2029
General Investigations Section
Investigations Division

SUBJECT: **Synoptic Report – Firearms Discharge Incident (NO HITS)**

REFERENCES: LOG# : 1054251
RD# : [REDACTED]

**INCIDENT
LOCATION:** [REDACTED]

DATE & TIME: 24 May 2012 1130 Hours

OCIC: Area South Deputy Chief Wayne GULLIFORD

**INVOLVED
MEMBER:** Police Officer Jair MARTINEZ
Star # 17046
Employee # [REDACTED]
Unit of Assignment: 006th District
DOA: 25 October 2004
DOB: [REDACTED]

RESULTS: B.A.C. - .000 (WD# [REDACTED])

IN SUMMARY: R/Sgt. received notification from Sgt. Timothy MOORE #2299 at 1140 hours on 24 May 2012 regarding a Firearm Discharge Incident in the 006th District involving P.O. MARTINEZ. R/Sgt responded to the Area South Detective Division at 1220hrs and upon P.O. MARTINEZ becoming available conducted a Breath Test and collected a Urine Specimen P.O. MARTINEZ.

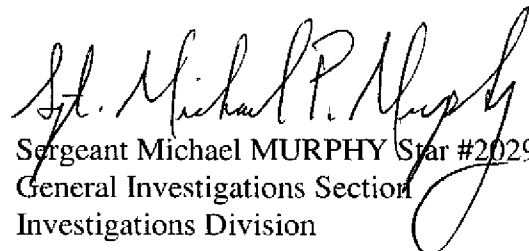
R/Sgt presented P.O. MARTINEZ with the “Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident” form. The 20 (twenty) minute observation period of the involved member was begun at 1445 hours on 24 May 2012. The Breath Test was conducted at 1508

INVESTIGATIONS DIVISION
General Investigations Section


24 May 2012
Log #1054251

hours and returned with a BAC reading of .000. R/Sgt then collected the urine specimen of the involved member at 1630 hours on 24 May 2012.

Area South Deputy Chief Wayne GULLIFORD was notified of the test results of the involved Department member.

 2029
Sergeant Michael MURPHY Star #2029
General Investigations Section
Investigations Division

APPROVED:



Lieutenant Susan CLARK Star #320
Administrative Section
Investigations Division



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Jair MARTINEZ Title P.O.
Star No. 17046 Employee No. [REDACTED] Unit 006

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>JAIR MARTINEZ</u>	Involved Member's Signature <u>[Signature]</u>	Date and Time <u>24 MAY 12 / 1445</u>
Type of Test: Alcohol	Location: <u>727 E. 111TH ST. / AREA SOUTH</u>	Date and Time: <u>24 MAY 2012 / 1508 HRS</u>
Type of Test: Drug	Location: <u>727 E. 111TH ST. / AREA SOUTH</u>	Date and Time: <u>24 MAY 2012 / 1630 HRS</u>

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>Sgt. Michael P. MURPHY</u>	B.I.A. Supervisor's Signature <u>[Signature]</u> 2029	Date and Time <u>24 MAY 2012 / 1635</u>
---	--	--

CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER

Last Name: MARTINEZ

First Name: Jair

Rank: P.O.

Star #: 17046

Unit: 006

Home Zip Code: _____

Date Hired: 25 OCT 04

Birthdate: 

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by

☐ Employer Representative

Signature of Employer Representative

PART I - A. On the 24 day of MAY, 2012 at 1646, I, JAIR MARTINEZ,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to SGT MURPHY #2029,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE	STAR/EMP NO.	WITNESS'S SIGNATURE	STAR/EMP NO.
<u>Jair Martinez</u>	<u>17046</u>	<u>SGT MURPHY</u>	<u>2029</u>
RECEIVING STAFF MEMBER'S SIGNATURE	STAR/EMP NO.	SUPERVISOR'S SIGNATURE	STAR/EMP NO.
<u>SGT MURPHY</u>	<u>2029</u>		

PART II - The urine specimen with the control number was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Conny, on 24 MAY 12, at _____, _____
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: First:

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22) ☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) WEAPONS DISCHARGE INCIDENT

G. Drug Tests to be Performed:

H. Collection Site Name: AREA SOUTH-DETECTIVE DIVISION Collection Site Code:

Address: 727 L. HILL ST Collector Phone No.:
City, State and Zip: CHICAGO, IL Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark Specimen Collection: ☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X Signature of Collector 4/1/12 AM PM
(Print) Collector's Name (First, MI, Last) 05/12/12
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx
☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: X Signature of Accessioner
(Print) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes
☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)
Daytime Phone No. Evening Phone No. Date of Birth Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

X Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

X Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 24 day of MAY 2012, I PO C. Conry # 7094
received a collected urine specimen from Sgt. M. Murphy # 2029. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO C. Conry in the presence
of Sgt. Murphy. The following items were removed from the container

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO C. Conry, as witnessed by Sgt. Murphy

Specimen delivered by:

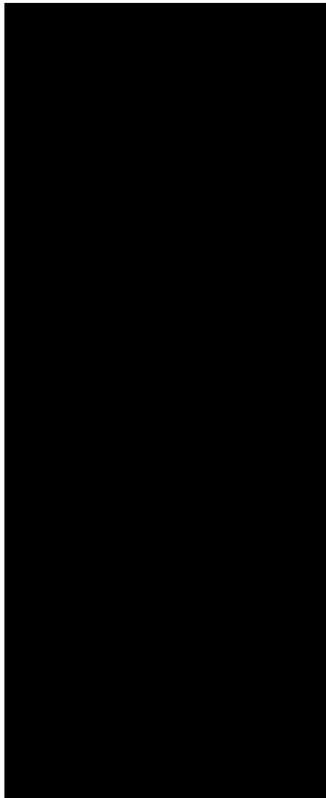
Sgt. M. Murphy
Signature

2029

Received/stored by:

PO C. Conry
Signature

7094







5/29/2012 5:08:40 AM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION: [REDACTED]
LAB REF NO: [REDACTED]
COLLECTED: 5/24/2012 16:30
RECEIVED: 5/26/2012 06:35
REPORTED: 5/26/2012 11:15
DOCUMENT ID:

CLIENT INFORMATION

[REDACTED]
CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653

Reason: OTHER -- WEAPONS DISCHARGE INCIDENT

Tests Ordered: 35190N

Integrity Checks

Acceptable Range

CREATININE	88.4 mg/dL	>= 20 mg/dL
pH	5.4	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
--	-----------------------	-----------------------------

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
METHAQUALONE	Negative	300 ng/mL	200 ng/mL
OPIATES	Negative	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: KSSM04

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE INCIDENT mapped to OTHR

UNIT NO.

PROP. INVENTORY NO.

DATE RECEIVED

MANNER RECEIVED

24 MAY 12

☐ MAIL
☐ COUNTER
☐ CRIME LAB

☐ OTHER-
DESCRIBE

DELIVERING OFFICER

STAR NO.

E & RPS RECEIVING OFFICER

STAR NO.

Sgt. MURPHY 2029

CONTENTS

AMOUNT \$

Loc# 1054251

EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION

CHICAGO POLICE DEPARTMENT

CPD-34-559-A

SEAL WITHIN WHITE AREA

#17046